

Attorney Docket Number P12546(US1) - RMOT

Declaration and Power of Attorney for Patent Application

As a below named inventor I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "METHOD AND APPARATUS FOR MINIMIZING POWER DISSIPATION IN SERIES CONNECTED VOLTAGE REGULATORS", the specification of which

(check one)	[X]	is attached hereto.	
	[]	was filed on Application Serial Number and was amended on	as
			(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me which is material to patentability (as defined in C.F.R. §1.56) in connection with the examination of this application.

I hereby claim foreign benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign	Priority Claimed		
(NONE) (Number)	(Country)	(Day/Month/Year Filed)	[] [] YES NO
(Number)	(Country)	(Day/Month/Year Filed)	[] [] YES NO
(Number)	(Country)	(Day/Month/Year Filed)	[][] YES NO

Attorney Docket Number

P12546(US1) - RMOT Declaration and Power of Attorney for Patent Application

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(NONE)		
(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)
(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following agents/attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David G. Matthews David K. Purks

Registration Number 33,959 Registration Number 40,133

Stephen A. Calogero Debra K. Stephens

Registration Number 41,491 Registration Number 38,211

Kevin A. Sembrat Dennis J. Williamson

Registration Number 36,673 Registration Number 32,338

Ivan N. Wakefield

Registration Number 45,190

Send Correspondence to: Patent Specialist

Ericsson Inc.

7001 Development Drive, Post Office Box 13969 Research Triangle Park, North Carolina 27709

Direct Calls to: Ivan N. Wakefield

Telephone: (919) 472-7103

Facsimile: (919) 472-6555



Attorney Docket Number P12546(US1) - RMOT

Declaration and Power of Attorney for Patent Application

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name:	Terrence	Edwards		Rogers		
	First Name	Middle Name/Initial		7	137	
Signature:	Inen	Edward	Kraes	_ Date: _	St Name Sol April 8 Year-Month-Day	
	First Name	Middle Name	Last/Name		Year-Month-Day	
Residence:	Durham, North					
	City, State, and	l Country				
Citizenship: _	USA					
Post Office A	ddress: Post O	ffice Box 13969, I	Research Triang	le Park, No	orth Carolina 27709	
SECOND IO	INT INVENTO	D TE ANIX.				
SECOND 30	ANI INVENTO	N, IF ANI:				
Full name:						
	First Name	Middle N	Name/Initial	La	st Name	
Signature:				Date:		
-	First Name	Middle Name	Last Name		Year-Month-Day	
Residence:						
	City, State, and	Country				
Citizenship:						
Post Office Ac	dress: Post Of	fice Box 13969 R	esearch Triangl	e Park No	orth Carolina 27700	